REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

City Attorney Bureau of Fire Prevention	DATE 08/08/01
Health Dept.	RETURN BY 8/15/01
CATERER X	NON-CATERER X
APPLICANT: DESTINY PRODUCTIONS INC	
APPLICANT'S ADDRESS: 803 Q STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE PORT HURON BLDG. 803 Q STREET	: DOCK ON W SIDE OF
DATE(S) OF EVENT: 8/25/01; 9/1/01; 9/8/01; 9/15/01; 10/6/01; 10/20/01; 10/2	7/01; 11/10/01
TIME(S) OF EVENT: 8 AM TO 8PM	
TYPE OF ACTIVITY: PREGAME PARTY	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROVAL OR DEN	IAL
→ APPROVED	
CONDITIONS JO'S TO BE CheckED? AREA TO be separate A fearce of other means; Proper Security; NO Live.	on them public by
DENIED	
REASON(S) FOR	
	u-
X to Con #843	8-9-01
Signature	Date

(SDLRPT.JER)

(If needed, use back for additional space)

Special Designated License Application Supplemental Form

for Outdoor Events

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: HUSKER TAILO ATE EVENT
Applicant and Sponsoring Organization or Person (if applicable): Destrug Tracks tons
Date of the Event: 84M TO 8 FM Time of the Event: 3 Hours Prior to
Has the applicant applied for, and received liquor liability insurance? Xyes Ino
Number of persons expected to attend: 200Number of persons under 21 expected:Is the event open to the public?yes Xino
How will you ensure that minors will not be served or consume beverages containing alcohol? SECURITY GUARD CHECKING ID'S AND CLEARLY MARKING MINORS -ADDITIONAL SEAFE MONITORING CROWD.
Will food be served? Dives Ino If yes, please list food to be served: BBQ PORK, HotDags, Burgers, SALADS, and CHIPS
Will non-alcoholic beverages be served? Xiyes Inc If yes, please list non-alcoholic beverages to be served: WATGA, SODA, COFFEE
Please identify the beverages containing alcohol that will be served: wine Xpeer distilled spirits. Will this be a cash or complimentary bar? cash Xcomplimentary
Who will serve the beverages containing alcohol? TAFE TO THE Have the designated servers received responsible beverage service training? Lives Uno
Will there be a charge for admission? yes Xno
In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes X X Yes X Yes X Yes X Yes X Yes X Yes X X Yes X Yes X Yes X Yes X Yes X Yes X X Yes X Yes X Yes X Yes X Yes X Yes X X Yes X Yes X Yes X Yes X Yes X Yes X X Yes X Yes X Yes X Yes X Yes X Yes X X X X X X X X X
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LEASE TYPE OR PRINT A. PPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

303

A1-087628

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

Il Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
recome taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
Type of Beverage(s) to be served: Beer Wine Distilled Spirits
Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable 🗷 Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) CLASS I
(Ciry, State, County Number, Zip Code) And Class (Example C/K)
DESTINY PRODUCTIONS INC
803 Q ST; LIVEOLD NE 68508
Dock on west side of Port Huran Blog. 803@ ST; Lincoln, NE, 68508
Dock on coop and
is this PREMISE currently licensed under the Nebraska Liquor Control Act? The YES AND
C. L. S. Lichtholianna is requested
Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
BAKER FAMILY PARTHERSHIP (OWNER) 633 SIIZ: LINKOWN NET
the location of the event when
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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dinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MM FECHT 403-9150
MUENNIFER CATUN 483-9451
DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8/25 - 9/1 - 9/e - 9/15
LEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
NO ACTERNITE LOCATION
Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8 AM TO: 8 PM 3 HOURS DIFFOR TO CHICK HOWNE (DOFNALL ENME). Describe the Type of Activity to be carried on during the time period for which the license is requested.
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Provide an estimated number of attendees at this event 200 - 250 . If the number of attendees is over 250 attach a separate page
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ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
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3. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

FORM 35-4121 REV 9:00 FAGE 1

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

CHAPKMENGER	
Description of the premises: Inside Building Outdoor Area	
-	below, the area where
to be govered by license:	
- \\3\(\mathrea{A}\)	•
DOCK 18	
ALLET DOCK OST	,
LIGOR PORT BUILDING	if other please explain)
HORON Tent Jacobser to the general public? The Fence Then Jacobser (11 Outc., premie on prime,
For Buildon Building For Building For Building For Building Fence Tent Kother (Formand Notal Railing) Fates will be forced	XS. YES □ NO
re-workers to be ligense located within the city/village limits?	
is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged of the license within 150 feet of any church, school, hospital, or home for the aged of the license within 150 feet of any church, school, hospital, and hoppital is the premise of the license within 150 feet of any church, school, hospital, and hoppital is the premise of the license within 150 feet of any church.	or indigent persons
the covered by the license within 150 feet of any church, school, hospital, or nome to the age-	□ YES XNO
15. Is the premises to be covered by the many	
3. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the agent or for veterans, their wives or children?	
Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the	name and license number.
Explain how alcoholic liquors will be purchased by the licensee. If purchased in pu	
C (() () () () () () () () ()	XYES DNO
the stable corrects with all Nebraska sanitation laws?	
Will the premises to be covered by the license comply with all Nebraska sanitation laws?	XYES DNO
19. Are there separate toilets for both men and women? Wes in near by buildings	
Laborationt:	
20. Other information or requests by the applicant:	
wing during the event? EYES NO	All other forms of
2: Will there be any games of chance operating during the event? TYES XNO 2: Will there be any games of chance operating during the event? TYES XNO 2: One of chance approved by the Department of Revenue, Charitable Gaming Division are permitted to the province of chance approved by the Department of Revenue, Charitable Gaming Division are permitted to the per	ambigation for a Special
NOTICE: Only games of chartes appropriate for Non Profit Organizations.	
gambling are probibled by State Land is not a gambling permit application.	an this application are true
Designated License under the Liquor Control Act and a superior applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and that the statements of the above named license applicant and the above named license applicant and that the above named license applicant and that the above named license applicant and the above named license applican	every kind including police
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to the best of my knowledge and belief. I also consent to an investigation against the Nebraska Liquer Control Commission, the Nebraska Liquer Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquer Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquer Control Commission or the Nebraska State Patrol. I further declar individual releasing said information or granization or corporation for profit or not for profit and that the event visit is a second or control	e that the license applied for
records. I agree to waive any rights or causes of action against the Nebraska State Patrol. I further deciar andividual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar andividual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciar additional releasing said information to the Liquor Control Commission or the Nebraska State Patrol Control Control Commission or the Nebraska State Patrol Control C	vill be supervised by persons
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governing body. For the purposes of this section, the found so place is not within the corporate limits of a city of v	
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la Compilance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

PLEASE TYPE OR PRINT - PLICANT MUST COMPLETE - LL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

809

A1-087629

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Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission	
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day	
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A Signed Statement from Local Police Chief or County Sheriff (question #12)	
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of fed	erai
acome taxes, or a copy of the corporation's federal income tax return, as filed with the IKS, or a statement (Page 3) signed by an of	ficer
f the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS	===
Type of Beverage(s) to be served: Beer Wine Distilled Spirits	
Status of the Applicant (check one)	
□ Municipal □ Political □ Fine Arts □ Fraternal □ Religious □ Charitable 🗷 Retail □ Service	
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation	
	7
Name and Address of Corporation. Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) CLASS T	
DESTING PRODUCTIONS INC	
902 B 571 1 157 11 12 62508	
803 Q ST; LINCOLN NE 68508	_
Address or location of premises to be covered by license, (City, County Number, Zip Code)	2 S
Dock on west side of Port Huran Blog. 803 Q ST; Lincon, HE, 6850	-
s this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO	
Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.	
BAKER FAMILY PARTHERSHIP (OWNER) 633 SI12; LINKOWN NE	
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event	when
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PAM FECHT 403-9150	
: JENNIFER CATON 483-9451	
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Class Gill Color Ches	
8/25-(9/1)-9/15	
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Time(s) of event (example 8am to 1am, this is considered one day)	
FROM: 8'AM TO: 8 PM 3 HOURS PRIOR to Pach Home football	THIME
FROM: 8 AM TO: 8 PM 3-HOURS DPTOP TO PACH HOME POURVAIN	<u>- </u>
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3. List the number of SDL's that you have applied for at this specific location in the last six months.	

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MEASE TYPE OR PRINT REPLICANT MUST COMPLETE REL SECTIONS OF THIS FORM

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APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

8/2

A1-087630

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Type of Beverage(s) to be served:
States of the Apphicant (check one)
Withhicipal D Political D Place And D Plac
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) CLASS I
D1 K000-100
803 Q ST; LINCOLN NE 68508
Address to the second of the Country Number 7 in Code
DOCK ON West SIDE OF PORT HURON BLOG. 803 Q ST; LINCOW, NE, 68508
is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
BAGGE FAMILY PARTNERSHIP (OWNER) 633 SIIZ; LINKOUM, NE
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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1AM FECHT 483-9150
DENNIFER CATUN 483-9451
DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8/25-9/+-(9/8)-9/15
EASE INDICATE AN ALTERNATE DATT OR LOCATION IN THE EVENT OF BAD WEATHER:
NO ACTERNITE COCATION
Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8 AM TO: 8 PM 3 HOWES DYLOY TO CACH HOME FOOTBALLGAME. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Describe the Type of Activity to be carried on during the time period for which the license is requested.
Provide an estimated number of attendees at this event 200 - 250 If the number of attendees is over 250 attach a separate page
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3. List the number of SDL's that you have applied for at this specific location in the last six months.
CONTENT ON PACY

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UEASE TYPE OR PRINT PPLICANT MUST COMPLETE LL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046. Lincoln NE 68509

A1-087631

REV 9:00 PACE I

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Status of the Applicant (check one)
🗆 Municipal 🗆 Political 🗆 Fine Arts 🗅 Fraternal 🗀 Religious 🗀 Charitable 🕱 Retail 🗀 Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) CLASS I
DESTING PRODUCTIONS DUC
Desting the Manager Constant
803 Q ST; LINCOLN NE 68508
Address or location of premises to be covered by license, (City, County Number, 2:0 Coce) Dock on west 5:05 of Port Huron Blog. 803 Q ST; Lincoln, NE, 68508
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Table(3) of every (example said to Table, this is considered one only)
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CONTINUE ON BACK
FORM 35-4121

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Hed address: http://www.noi.org/home/NLCC/